

INSTITUTIONAL REVIEW BOARD (IRB)
REQUEST FOR AMENDMENT APPROVAL OF PROTOCOL

Date Rec'd in HSO _____

Instructions: Use this form to submit any changes to your research. Please submit this form electronically along with a copy of the protocol, current consent form, and any supporting documents to the CIO designated staff official. However, if submitted in hardcopy, please send the original and three copies of all documents to the CIO designated staff official. Consecutively number **ALL** pages, beginning with the title page of the protocol, followed by any consent form(s) and ancillary documents. Complete all applicable items or the form will be returned.

Date Submitted by Investigator: _____

PROTOCOL NO. _____

Title of Protocol: _____

Proposed Dates for Project - Begin: _____ End: _____

Name of CDC Employee Serving as Principal Investigator (PI) and Degrees:

9 Check if PI has changed

Scientific Ethics Verification No.: _____ Telephone: _____ Fax: _____

CIO: _____ Division: _____ MS: _____ Email Address: _____

Names of Other CDC Employee Co-investigators (use supplemental page if > than 3):

1. _____ Scientific Ethics Verification No.: _____

2. _____ Scientific Ethics Verification No.: _____

3. _____ Scientific Ethics Verification No.: _____

1. FUNDING (check one)

_____ PGO Funding Mechanism Used:

_____ Cooperative Agreement No(s).: _____

_____ Contract No(s).: _____

_____ Grant: _____

_____ Purchase Order (a.k.a. Simplified Acquisition): _____

_____ Other funding mechanism:

_____ Memorandum of Understanding (MOU) (With whom): _____

_____ Interagency Agreement (IAA) (Name of other agency): _____

_____ Other (Specify type and with whom): _____

_____ Only CDC investigators performing study

2. Collaborating Sites (Use additional sheets if necessary)

2a. List any collaborating sites by name and location (including state) that were added since last approval:

_____ None added

OPRR Assurance No.

1.

2.

3.

4.

5.

2b. List any collaborating sites by name and location (including state) that were deleted since last approval:

_____ None deleted

1.

2.

3.

4.

5.

3. Description of proposed modification(s) to the protocol:

4. Reasons for proposed modification(s):

Approvals (Signature and Position Title):

Branch Chief:

Date:

Remarks:

Division Director:		
CIO Human Subjects Contact:		